

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
4	/					
5	/					
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8	/	/				
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21		5				
22		5				
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41	/					
42	/					
43	/					
44	/					
45		0				
46		0				
47		0				
48		0				
49		0				
50	/					
TOTAL IND.	41					
TOTAL DEP.	38					
TOTAL CLAIMS	79					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52	/					
53	/					
54		/				
55		/				
56	/	/				
57	/					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						